



# LOS ANGELES COUNTY COMMISSION ON HIV

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## PRIORITIES AND PLANNING (P&P) COMMITTEE MEETING MINUTES September 23, 2008

**Approved**  
**10/28/2008**

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/ CONSULTANTS
Jeff Goodman, <i>Co-Chair</i>	Kathy Watt, <i>Co-Chair</i>	Tamara Charles	None	Jane Nachazel
Eric Daar	Mario Chavez	Miki Jackson		Glenda Pinney
Douglas Frye	Michael Green	Rich Mathias		Craig Vincent-Jones
Joanne Granai	Anna Long			
Bradley Land				
Quentin O'Brien				

### CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Priorities and Planning (P&P) Committee Agenda, 9/23/2008
- 2) **Memorandum:** Comprehensive Care Strategy and Timeline, 7/14/2008
- 3) **Narrative:** Comprehensive Care Plan, Where Are We Now? Barriers to Care, 9/08/2008
- 4) **Narrative:** Comprehensive Care Plan, Where Do We Need to Go? Shared Values for System Changes, 9/08/2008
- 5) **Matrix:** Comprehensive Care Plan, How Will We Get There?, 9/22/2008

1. **CALL TO ORDER:** Mr. Goodman called the meeting to order at 1:55 pm.
2. **APPROVAL OF AGENDA:**  
**MOTION #1:** Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**  
**MOTION #2:** Approve the P&P Committee meeting minutes (*Postponed*).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMISSION COMMENT, NON-AGENDIZED:** There were no comments.
6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no comments.
7. **CO-CHAIRS' REPORT:**  
➡ It was agreed to have one November-December meeting on 12/02/2008.
8. **FINANCIAL REPORTS:** Mr. Vincent-Jones reported Dave Young would provide these at the December Commission meeting.
9. **YR 19 PRIORITY- AND ALLOCATION-SETTING:**
  - A. **Evaluation:**
    - Mr. Vincent-Jones noted annual evaluation of the process was to identify potential improvements for the next year.
    - Ms. Granai felt, though diversity is maintained on the Commission, consumer diversity on P&P Committee has been lacking. Mr. Vincent-Jones said diversity and balance is always there when the year begins—when committee assignments are made—but can slip over the course of the year as Commissioners leave and new members join. He agreed to look at that issue, in particular, when he and the Co-Chairs make next year's committee assignments.

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- Mr. O'Brien thought the presentation of OAPP recommendations this year was very helpful. On the other hand, he felt too much time went to choosing paradigms and operating values as they changed little from year to year. He suggested reviewing the prior year's choices, then deciding whether to accept them or choose new ones.
- Mr. Goodman found the division between Ryan White-funded services and others in the continuum confusing. He also found it difficult to integrate core medical and support services into one priorities list, e.g., medication versus help with insurance. He suggested separate lists.
- Mr. Vincent-Jones clarified that prioritizing services is only meant to identify the relative importance of needs and should be unaffected by funding source. Funding is determined separately in the allocation part of the process. He added that the process was meant to provide a framework for prioritizing needs before determining allocations in light of all pertinent information, such as service effectiveness and other resources. Two lists would also be a problem if there were a 7.5% allocation reduction as that scenario calls for defunding categories from the lowest priority.
- He urged priorities not be limited to Ryan White-funded services since the Commission can choose to allocate to all but a few service categories, such as permanent housing and permanency planning. While many have not been funded to date, the option should remain open so as not to pre-judge services and to reflect their role as defined by their standards of care.
- Dr. Frye pointed out that service definition stability over time is needed for comparisons, but has been lacking in past years. Mr. Vincent-Jones replied the Standards of Care Committee had been developing service category and special population definitions precisely to have such common language.
- He added that HRSA has changed its view of Medical Transportation Services to allow it to be either a core medical or support service. As OAPP used it solely for transportation to core medical services, the entire amount has been classified as a core medical service.
- Ms. Granai said service presentations by providers should be cut off at a certain time prior to the process. She felt some providers have used these presentations to influence the process. Instead, any questions could be answered by OAPP.
- There was extensive discussion regarding creating a work group on the subject. Mr. Land felt such philosophical groundwork was best conducted by the Committee as a whole especially in view of the importance of the consumer voice. Work group participation will also be discussed at the Consumer Caucus. It was agreed to convene a work group by conference call after the completion of the comprehensive care plan.
- ➡ Mr. Vincent-Jones will contact OAPP to initiate the previously discussed quarterly presentations on services. He will suggest presentations on the service clusters being developed for the Continuum of Care to better cover the material.

**MOTION #3 (Goodman/O'Brien):** Form a work group, comprising Commissioners Daar, Frye, Granai, Goodman, and O'Brien, to discuss whether or not to include non-Ryan White fundable services in priority setting and related issues like how to address core versus supplemental services (**Passed: Ayes:** Daar, Granai, O'Brien, Goodman; **Noes:** Land; **Abstentions:** Frye).

### 10. 2009 COMPREHENSIVE CARE PLAN:

A. **Continuum of Care:** There was no additional information.

#### B. **Comprehensive Care Plan (CCP):**

- Mr. Vincent-Jones provided the revised strategy and timeline that had been developed by the comprehensive care plan work group. The plan is arranged in five sections, which respond to HRSA and Commission goals.
- Introduction: Anna Long is again creating composite profiles of the 14 Special Populations that illustrate the various HIV populations in Los Angeles.
- Where Are We Now: This section reviews the current state of the EMA with partners, including those not outlined in the HRSA EMA structure like consumers and service providers; accomplishments since the 2006 CCP; an epidemiological profile; consumer needs assessment through LACHNA; community resources inventory; provider capacity assessment in six service categories; provider capability assessment; and service gaps and barriers.
- Mr. O'Brien felt starting the section with accomplishments and the epidemiological profile instead of community partners would be a stronger opening. He also felt the OAPP QM measures for provider capability assessment should be used cautiously due to problems with CaseWatch input.
- Ms. Pinney presented provider forum summary drafts. System level, organizational, and individual barriers were explored for the "Where Are We Now?" section of the CCP.
- Where Do We Need To Go?: This section reviews shared vision, shared values, and Statewide Coordinated Statement of Need (SCSN). Recommendations to enhance high quality services, collaboration, service effectiveness, and cost effectiveness were detailed for the shared values section.

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- *How Will We Get There?*: This section presents the goals and objectives and action plan. The draft matrix in the packet included goals, objectives, outcomes, indicators and responsible parties. The document overall was designed to be a process document. The CCP goals include the following:
  - Health Outcomes
  - Service Delivery
  - Responsiveness
  - Unmet Need
  - Service Coordination
  - Collaboration
  - Quality of Care
  - Cost Efficiency
  - Leadership Development
  - Service Effectiveness
  - Reducing Barriers
  - Information Technology
- *How Will We Monitor the Progress?*: This section reviews the service effectiveness methodology, the QM plan with a common set of terms, and outcomes and indicators through systems mapping.
- *Highlights/Special Focus*: This section will identify unique activities in the EMA that will be highlighted in sidebars throughout the CCP. Mr. Vincent-Jones invited suggestions for additional subjects.
- The draft CCP will be the subject of the November Annual Meeting.
- ➡ It was agreed to add HIV surveillance to the highlight section since there were over 5,000 HIV and 1,600 AIDS new name-based cases processed for FY 2007-2008 with over 112,000 cases processed in all.
- ➡ The Committee agreed to review the provider forum summaries and return comments in one week on narrative flow and clear reflection of provider concerns. Mr. Vincent-Jones noted that the summaries reflected what providers said so, if a comment was not objectively factual, it could still be presented with qualifiers
- ➡ Ms. Granai suggested considering veterans and foster children as related to special populations.

C. **Comprehensive Planning Training:** There was no additional information.

11. **DATA SUMMIT PLANNING:** Mr. Vincent-Jones reported this would be 8:30 am to 1:00 pm on 11/21/2008.

12. **SERVICE PROVIDER NETWORKS:** The item was postponed.

13. **GEOGRAPHIC ESTIMATE OF NEED:** The item was postponed.

14. **OTHER STREAMS OF FUNDING:** The item was postponed.

15. **STANDING SUBCOMMITTEES:** There were no reports.

16. **COMMITTEE WORK PLAN UPDATE:** The item was postponed.

17. **NEXT STEPS:** The item was postponed.

18. **ANNOUNCEMENTS:** There were no announcements.

19. **ADJOURNMENT:** The meeting was adjourned at 4:10 pm.